What You Should Know About Early Renewal of Health Coverage

What's an early renewal?

Health plans are usually sold as a 12-month contract between you and your insurance company. In 2013, some insurance companies offered a chance to renew coverage earlier than the 12-month renewal date. For example, some insurance companies offered members a chance to renew in October of 2013, a few months prior to the 12-month renewal of January 1, 2014. This is often called an "early renewal."

Starting in 2014, most new plans offered to individuals and families or through small employers must cover a minimum set of essential health benefits and provide new consumer protections. Some insurance companies currently offering plans that don't provide these minimum benefits changed the renewal date to delay covering these required benefits. Some states didn't allow or discouraged early renewals in 2013.

If I renewed my coverage in late 2013, does my plan have to cover new benefits in 2014?

If you renewed coverage before January 1, 2014, your plan doesn't have to provide the new consumer protections until your next renewal in 2014. If your insurance company offered to renew early, there are some important things you should know about your coverage:

- Your current plan probably won't cover the new benefits required in 2014 by many plans or policies until your next renewal in 2014. For example, the requirement to cover certain benefits called essential health benefits (EHBs) doesn't apply to plans that renew in late 2013. Plans that renew in late 2013 aren't required to cover items and services in the following 10 EHB categories (until renewal in 2014):
 - 1. Ambulatory patient services (outpatient care you get without being admitted to the hospital)
 - 2. Emergency services
 - 3. Hospitalization
 - 4. Maternity and newborn care
 - 5. Mental health and substance use disorder services including behavioral health treatment
 - 6. Prescription drugs
 - 7. Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
 - 8. Laboratory services (like blood tests to check cholesterol)
 - 9. Preventive and wellness services and chronic disease management
 - 10. Pediatric services, including dental and vision care

- Coverage of these benefits isn't required for renewals in 2013 but should be included in your next renewal or purchase of different coverage in 2014.
- If you renewed your plan in late 2013, you won't be eligible for premium tax credits unless you apply for and enroll in other coverage through the Marketplace, and are determined eligible for tax credits. If you recently renewed your plan and you make less than 400% of the federal poverty level (\$45,960 for an individual), you may want to shop for a different plan in the Marketplace before the open enrollment period ends on March 31, 2014. You could be eligible for a premium tax credit to help you pay for your coverage and be able to choose a plan that covers the newly required benefits.

How can I find health coverage?

Even if you renewed early, you may still be able to switch to another plan offered through the Marketplace during Open Enrollment, which ends on March 31, 2014. You can also switch to another plan offered outside the Marketplace.

You can find coverage from a variety of private insurance companies through the Marketplace in your state. Visit **HealthCare.gov** or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users should call 1-855-889-4325.

Health plans in the Marketplace cover essential health benefits, like prescription drugs, maternity care, and mental health coverage. You can compare plans based on price, benefits, and other features before you make a choice.

When you fill out the Marketplace application, you can find out if you're eligible for a tax credit you can use right away to lower your monthly premium costs and for cost-sharing reductions that can lower your out-of-pocket costs (many Americans are eligible), or for coverage under the Medicaid program or Children's Health Insurance Program (CHIP) in your state.

What if my insurance company required me to renew early by a certain date, and I'm already re-enrolled in the plan?

If your insurance company already re-enrolled you in your current plan, you may still be able to switch to a plan offered through the Marketplace during Open Enrollment (which ends on March 31, 2014), or to another plan offered outside the Marketplace.

Remember, if you buy coverage outside the Marketplace, you won't have access to assistance that can help lower costs based on your household size and income that's only available through the Marketplace.

You can find out what you might qualify for through the Marketplace even if you renewed your other coverage already. You can do this by filling out a Marketplace application. If you have an individual health plan and want to see if you qualify for lower costs, when you get to the part of the application asking about any existing coverage, be sure to check the box that says "Individual insurance (non-group coverage)." This way, the Marketplace can make sure you get the lowest possible costs.

How can I learn more?

To learn more about the coverage through the Marketplace or your benefits and protections under the Affordable Care Act, visit **HealthCare.gov** or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users should call 1-855-889-4325.

